

Return to:  
Nebraska Department of Education  
Financial Services  
P.O. Box 94987  
Lincoln, NE 68509-4987

SPECIAL EDUCATION  
AND SUPPORT SERVICES  
FINAL FINANCIAL REPORT  
FOR CHILDREN WITH DISABILITIES BIRTH TO AGE FIVE  
School Year \_\_\_\_\_



NDE (06-025)  
Revised 07/10  
Date Due: October 1

County Name	_____		County/District Number	_____
District Name	_____		Phone Number	_____
Address	_____			
	_____			_____
	City		State	Zip Code

CERTIFICATION BY SCHOOL DISTRICT OFFICER

I, \_\_\_\_\_ as \_\_\_\_\_ of the Board of Education of \_\_\_\_\_ School District, which is District No. \_\_\_\_\_, of \_\_\_\_\_ County, hereby certify that this is an accurate report of the district operated Special Education expenditures that have been paid by this school district for services to eligible verified students with disabilities. I further certify that Special Education costs financed by federal funds other than those generated through the Individuals with Disabilities Education Act (IDE A) are not included in this claim.

\_\_\_\_\_  
Authorized Signature Date

Name of Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_

		Birth to Age 2	Ages 3 and 4	Totals
(USE WHOLE DOLLARS)				
District Owned/Operated Programs				
1.0 Supervisory Services				
1.1 Professional Salaries (110)	FTE_____	\$ _____	\$ _____	
1.2 Clerical Salaries (140)	FTE_____	_____	_____	
1.3 Employee Benefits (200s)		_____	_____	
1.4 In-service (319)		_____	_____	
1.5 Printing/Publications (350)		_____	_____	
1.6 Postage (341)		_____	_____	
1.7 Staff Mileage (670)		_____	_____	
1.8 Subtotal of Lines 1.1 through 1.7	1.8	\$ _____	\$ _____	\$ _____
2.0 Diagnostic Services				
2.1 Professional Salaries (110)	FTE_____	\$ _____	\$ _____	
2.2 Clerical Salaries (140)	FTE_____	_____	_____	
2.3 Paraprofessional Salaries (140)	FTE_____	_____	_____	
2.4 Employee Benefits (200s)		_____	_____	
2.5 In-service (319)		_____	_____	
2.6 Supplies (410)		_____	_____	
2.7 Printing/Publications (350)		_____	_____	
2.8 Postage (341)		_____	_____	
2.9 Textbooks/Instructional Materials (420)		_____	_____	
2.10 Equipment and Maintenance (310 & 530)		_____	_____	
2.11 Staff Mileage (670)		_____	_____	
2.12 Subtotal of Lines 2.1 through 2.11	2.12	\$ _____	\$ _____	\$ _____
3.0 Consultative Services				
3.1 Professional Salaries (110)	FTE_____	\$ _____	\$ _____	
3.2 Employee Benefits (210,220,230,240,250,260)		_____	_____	
3.3 In-service (319)		_____	_____	
3.4 Printing/Publications (350)		_____	_____	
3.5 Postage (341)		_____	_____	
3.6 Staff Mileage (670)		_____	_____	
3.7 Subtotal of Lines 3.1 through 3.6	3.7	\$ _____	\$ _____	\$ _____
4.0 Instructional/Therapy/Counseling Services				
4.1 Professional Salaries (110)	FTE_____	\$ _____	\$ _____	
4.2 Educational Sign Language Interpreter (110) (Title 92, Nebraska Administrative Code, Chapter 51, Section 010.07)	FTE_____	_____	_____	
4.3 Substitute Salaries (120)	FTE_____	_____	_____	
4.4 Paraprofessional Salaries (140)	FTE_____	_____	_____	
4.5 Employee Benefits (200s)		_____	_____	
4.6 In-service (319)		_____	_____	
4.7 Supplies (410)		_____	_____	
4.8 Instructional Materials (420)		_____	_____	
4.9 Library Books/Materials (430)		_____	_____	
4.10 Audio-Visual Materials (450)		_____	_____	
4.11 Equipment and Maintenance (318 & 530)		_____	_____	
4.12 Staff Mileage (670)		_____	_____	
4.13 Subtotal of Lines 4.1 through 4.12	4.13	\$ _____	\$ _____	\$ _____

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	Birth to Age 2	Ages 3 and 4	Totals
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(USE WHOLE DOLLARS)

5.0 Health Protection/Medically Related Expenditures District Operated Programs

5.1	Health Protection for Staff			
5.2	Medically Related Expenses for Child			
5.3	Subtotal of lines 5.1 through 5.2	5.3	\$	\$

6.0 District Contracted Programs (362-363)

(List and Identify Approved Providers of Page 3)

6.1	Supervision Services & Mileage	\$		\$	
6.2	Diagnostic Services & Mileage				
6.3	Consultant Services & Mileage				
6.4	Instruction Therapy/Counseling Services & Mileage				
6.5	Educational Sign Language Interpreter				
6.6	Health Protection for Staff				
6.7	Medically Related Expenditures for Child				
6.8	In-service				
6.9	Paraprofessional				
6.10	Health Services				
6.11	Total Birth to Age Five Contracted Services (Lines 6.1 through 6.10)	6.11	\$	\$	\$

7.0 Allowable Facility Costs

7.1	Operation of Plant (2610)	\$		\$	
7.2	Maintenance of Plant (2610)				
7.3	Line 7.1 Plus Line 7.2				
7.4	Total Facility Square Footage				
7.5	Cost Per Square Foot (Line 7.3 divided by Line 7.4)				
7.6	Total Square Footage, Birth to Age Five				
7.7	Line 7.5 Times 7.6				
7.8	Leased Facility Cost				
7.9	Not Assigned				
7.10	Total Allowable Facility Cost (Lines 7.7, 7.8 and 7.9)	7.10	\$	\$	\$

8.0 Summary

8.1	District Owned and Contracted Services (Add Lines 1.8, 2.12, 3.7, 4.13, 5.3, 6.11 and 7.10)	\$		\$	
8.2	Deductions:				
8.2a	Tuition Received				
8.2b	Receipts, Wards of State				
8.2c	Total Deductions (Line 8.2a through 8.2b)	8.2c	\$	\$	\$

8.3 Total Special Education (Line 8.1 minus Line 8.2c)



8.3	\$	\$	\$
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9.0 Funding Summary

Provide source of funding reported on Line 8.3

9.1	IDEA BASE: funds used for allowable special education expenditures for Children Below Age Five. (First Priority)	\$		\$		\$	
9.2	IDEA Enrollment/Poverty “619”: funds used for allowable special education expenditures for children ages 3 and 4.			\$		\$	
9.3	IDEA Enrollment/Poverty “New” and/or “Expanded”: funds used for Below Age Five Projects and <b>are included</b> in Sections 1.0 – 7.0.	\$		\$		\$	
9.4	IDEA Enrollment/Poverty “Excess”: funds used for Below Age Five expenditures and <b>are included</b> in Sections 1.0 – 7.0.	\$		\$		\$	
9.5	Local District Funds: District funds for Below Age Five Expenditures included in Section 1.0 – 7.0.	\$		\$		\$	
9.6	Total Funding: (Line 9.1 through Line 9.5 = Line 8.3)	9.6	\$	\$	\$	\$	

10.0 Support Services/Flexible Funding Birth to Age Five Project

School districts must have an approved Birth to Age Five SPED program application and final report on file at NDE in order to receive payment for support service/flex funding.

10.1	Support Services/Flex Funding Total	10.1	\$	\$	\$
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CONTRACTED SERVICES AGENCIES AND INDIVIDUAL PROVIDERS  
(Attach billings; failure to do so may jeopardize payment.)

[illegible]

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TUITION RECEIVED FROM CONTRACTING DISTRICT  
- Complete this section if an entry was made on Line 8.2a

SUPPLEMENTARY REPORT OF EXPENDITURES

Contracting District	Total		A  List Names of Personnel Paid (Last name first, first name and middle initial)	B  Social Security Number	C  FTE	D Indicate Type of Staff According to Following Identification: 1. Professional 2. Paraprofessional 3. Clerical 4. Substitute(s) 5. Educational Sign Language Interpreter	E Identify Amount of Salary Paid to Each Individual (Subtotal for each type of service)
County No./District No.	FTE	Tuition Amount					
Total							

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